FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | |
|--------------------------|-----------|--|--|--|
| OMB Number: | 3235-0076 | | | |
| Expires: | | | | |
| Estimated average burden | | | | |
| hours per respons | e 16.00 | | | |

| SEC USE ONLY | | | | | |
|--------------|-----------|--------|--|--|--|
| Prefix | | Serial | | | |
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| ا | | } | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) VICTORIA ENERGY - GARNETT LAPRELLE 9H JOINT VENTURE | SECHMRECENED |
|--|--|
| TYME TO THE TOTAL THE TOTAL TO THE TOTAL TOT | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | WINDE MAY 3 0 2007 |
| A. BASIC IDENTIFICATION DATA | 121 |
| I. Enter the information requested about the issuer | 186 TON |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | 35 |
| VICTORIA ENERGY CORPORATION | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 1515 HERITAGE DRIVE SUITE 103 MCKINNEY, TX 75069 | 972-562-8855 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | |
| OIL & GAS JOINT VENTURE WORKING INTERESTS | PROCESSE" |
| Type of Business Organization | clease specify): JUN 0 7 2007 |
| Type of Business Organization Z corporation limited partnership, already formed other (p | JUN 0 7 2007 THOMSON FINANCIAL |
| Type of Business Organization Corporation | JUN 0 7 2007 THOMSON FINANCIAL |
| Type of Business Organization Corporation | JUN 0 7 2007 THOMSON FINANCIAL |

which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| | | | A. BASIC ID | ENTIFICATION DATA | ! | | |
|------|---|-----------------------|--|------------------------------|--------------------|----------|---------------------------------------|
| 2. | Enter the information r | equested for the fo | llowing: | | | | |
| | • Each promoter of | the issuer, if the is | suer has been organized w | ithin the past five years; | | | |
| | Each beneficial ov | vner having the pov | ver to vote or dispose, or di | rect the vote or disposition | of, 10% or more o | fa clas | s of equity securities of the issuer. |
| | Each executive of: | ficer and director o | of corporate issuers and of | corporate general and mar | aging partners of | partne | ership issuers; and |
| | Each general and it | managing partner o | of partnership issuers. | | | | |
| Che | eck Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | | General and/or Managing Partner |
| Ful | l Name (Last name first, | if individual) | | | | | |
| | ITH, ROYCE | ii marriadai) | | • | | | |
| | siness or Residence Addre | ss (Number and | Street, City, State, Zip Co | nde) | | | |
| | 15 HERITAGE DRIVE | | | , | | | |
| Che | eck Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | | General and/or Managing Partner |
| | Name (Last name first, MITH, MICHAEL | if individual) | | | | | |
| | iness or Residence Addre 15 HERITAGE DRIVE | | Street, City, State, Zip Co CKINNEY, TX 75069 | de) | | | |
| Cho | eck Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | | General and/or Managing Partner |
| | Name (Last name first, i AVERTON, MATT | f individual) | | | | | |
| Bus | iness or Residence Addre | ss (Number and | Street, City, State, Zip Co | de) | | | |
| 15 | 15 HERITAGE DRIVE | , SUITE 103 M | CKINNEY, TX 75069 | | | | |
| Che | ck Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | | General and/or Managing Partner |
| Full | Name (Last name first, i | f individual) | | | _ | | |
| MΑ | SSEI, MARK | | | | | | |
| | iness or Residence Addre 15 HERITAGE DRIVE | | Street, City, State, Zip Co CKINNEY, TX 75069 | de) | | | |
| Che | ck Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | | General and/or Managing Partner |
| | Name (Last name first, i OOPRIDER, WALTER | f individual) | | | | | |
| | iness or Residence Addre 15 HERITAGE DRIVE | • | Street, City, State, Zip Co CKINNEY, TX 75069 | dc) | | | |
| Che | ck Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | | General and/or Managing Partner |
| Full | Name (Last name first, i | f individual) | | | | | |
| Bus | iness or Residence Addre | ss (Number and | Street, City, State, Zip Co | de) | | | |
| Che | ck Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | | General and/or Managing Partner |
| Full | Name (Last name first, i | f individual) | ···· | | | - " | |
| Bus | iness or Residence Addre | ss (Number and | Street, City, State, Zip Co | de) | | | |
| | | (Use blas | nk sheet, or copy and use a | idditional copies of this sh | cet, as necessary) | <u> </u> | |

| | | | | | В, 1 | NFORMAT | ION ABOU | T OFFERI | NG | | | | |
|------|--|----------------------|----------------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|---|----------------------|----------------------|----------------------|
| 1 | 1. Her the ingree cold or door the ingree intend to gell to non-negotiard investors in this offering? | | | | | | | Yes | No | | | | |
| ١. | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | X | | | | |
| 2. | | | | | | | | s 14 | ,000.00 | | | | |
| | 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | Yes | No | | | |
| 3. | | | permit join | | - | | | | | | | _ | |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| | Name (| | first, if ind | ividual) | | | | | • | | | | - |
| | | | Address (N | lumber and | d Street, C | ity, State, Z | Lip Code) | | | | | | |
| | | | · | | | | | | | | | | |
| Nai | me of Ass | sociated B | roker or De | aler | | , | | | | | | | |
| Sta | tes in Wh | ich Persor | Listed Has | s Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All State: | s" or check | individual | States) | | | | •••• | *************************************** | •••••• | ☐ Al | l States |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | [ID] |
| | IL | ĪN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT | (NE) | NV | NH | NJ | NM | NY | NC | ND | OH | OK. | OR | PA |
| | RI | [SC] | SD | TN | TX | UT] | VT | VA | <u>W</u> A | [WV] | WI | WY | PR |
| Ful | l Name (i | Last name | first, if indi | ividual) | | | | | | | | | |
| Bus | siness or | Residence | Address (1 | Number an | d Street, C | ity, State, 2 | Zip Code) | | | | | | |
| Nar | ne of Ass | sociated B | oker or De | aler | | <u> </u> | | | | | | | |
| Sta | tes in Wh | ich Persor | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | · . | <u> </u> | | | |
| | (Check | "All State: | s" or check | individual | States) | ••••• | ······································ | | | | | ☐ AI | l States |
| | AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | ID MO PA PR |
| Ful | l Name (i | Last name | first, if indi | ividual) | | | | | | _ | | | |
| | | D -11 | 411 - | , . | - | | 71 0 | | | | | | |
| Bus | siness or | Residence | Address (N | Number an | d Street, C | ity, State, 2 | Zip Code) | | | | | | |
| Nar | ne of Ass | sociated Br | oker or De | aler | | | <u> </u> | | | · - · · · · · · | | | |
| Stat | tes in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit I | Purchasers | | | | · - · · · | | |
| | (Check "All States" or check individual States) | | | | | | | | | l States | | | |
| | AL | AK | AZ | ÁR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| | IL DATE | | IA [NZ] | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT) | NE SC | NV SD | NH) TN | NJ TX | NM UT | NY VT | NC VA | ND WA | OH WV | OK WI | OR WY | PA PR |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| •• | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-----------------------------|------------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | | _ s |
| | Equity | | |
| | Common Preferred | • | |
| | Convertible Securities (including warrants) | | _ S |
| | Partnership Interests | 112,000.00 | <u>\$_32,900.00</u> |
| | Other (Specify) | | _ s |
| | Total | 112,000.00 | \$ 32,900.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number | Aggregate Dollar Amount |
| | Accredited Investors | Investors | of Purchases \$ 32,900.00 |
| | | | |
| | Non-accredited Investors | | |
| | Total (for filings under Rule 504 only) | | _ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering: Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | . s |
| | Regulation A | | <u> </u> |
| | Rule 504 | | . s |
| | Total | | \$ 0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | |] \$ _ |
| | Printing and Engraving Costs | | \$ 1,500.00 |
| | Legal Fees | | \$ 2,000.00 |
| | Accounting Fees | _ | 1 500 00 |
| | Engineering Fees | _ | |
| | Sales Commissions (specify finders' fees separately) | _ | |
| | Other Expenses (identify) postage/delivery/supply/gen.bus. | | \$ 1,500.00 |
| | Total | - | \$ 6,500.00 |

| UMBER OF INVESTORS, EXPENSES AND USE OF | PROCEEDS | |
|---|---|--|
| ffering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross | | \$ |
| r any purpose is not known, furnish an estimate and | | |
| | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | \$ 9,700.00 | |
| | s | s |
| machinery | □ \$ | |
| | - | _ |
| value of securities involved in this assets or securities of another | | \$ 85,800.00 |
| | | s |
| • | _ | |
| verages | \$ | \$_5,000.00 |
| | | . 🗆 \$ |
| | 7] \$ 14,700.00 | 90,800.00 |
| | ⊘ \$ <u>1</u> 0 | 05,500.00 |
| D. FEDERAL SIGNATURE | | |
| furnish to the U.S. Securities and Exchange Commis | sion, upon writte | |
| Signatur | Date | |
| | 05-22-07 | |
| Title of Signer (Print or Type) PRESIDENT | | |
| | ffering price given in response to Part C — Question I — Question 4.a. This difference is the "adjusted gross proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and all of the payments listed must equal the adjusted gross Part C — Question 4.b above. Take the question 4.b above. D. FEDERAL SIGNATURE the undersigned duly authorized person. If this notice furnish to the U.S. Securities and Exchange Commiss accredited investor pursuant to paragraph (b)(2) of I Signature — I Title of Signer (Print or Type) | Payments to Officers, Directors, & Affiliates Payments to Officers, Directors, & Affiliates Part C — Question 4.b above. Payments to Officers, Directors, & Affiliates Payle of securities involved in this assets or securities of another Payments of another D. FEDERAL SIGNATURE Title of Signer (Print or Type) Payments to Officers, Directors, & Affiliates Signature Date O5-22-07 Title of Signer (Print or Type) |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)